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& PRESSER, P.C.****Fax**

**To:** Examiner Matthew John Kasztejna  
Art Unit: 3739

**From:** Thomas Spinelli, Esq.  
Registration No.: 39,533

**Fax:** 571-273-8300

**Pages:** 12

**Phone:** 571-272-6086

**Date:** November 30, 2006

**Re:** USSN: 10/690,404  
Our Docket: 17136

**CC:**

## RESPONSE TO THREE-MONTH OFFICE ACTION

The following is being filed with the U.S. Patent and Trademark Office via facsimile on November 30, 2006:

1. Response W/Transmittal in Duplicate
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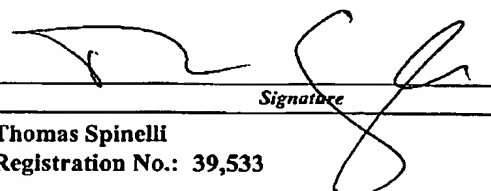
Applicant: Hiroki Moriyama  
Serial No.: 10/690,404  
For: ENDOSCOPE  
Filed: October 21, 2003  
Docket: 17136  
Dated: November 30, 2006  
TS:cm

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PAGE 2/12 \* RCVD AT 11/30/2006 6:28:46 PM [Eastern Standard Time] \* SVR:USPTO-EFXRF-5/8 \* DNIS:2738300 \* CSID:5167424366 \* DURATION (mm-ss):02-24

NOV 30 2006

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					Docket No. <b>17136</b>	
Applicant(s): <b>Hiroki Moriyama</b>						
Application No. <b>10/690,404</b>	Filing Date <b>October 21, 2003</b>	Examiner <b>Matthew John Kasztejna</b>	Customer No. <b>23389</b>	Group Art Unit <b>3739</b>	Confirmation No. <b>5953</b>	
Invention: <b>ENDOSCOPE</b>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	17	20 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	2	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. <b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
 Signature <b>Thomas Spinelli</b> Registration No.: 39,533			Dated: November 30, 2006  <div style="border: 1px solid black; padding: 5px;">             I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____              (Date)              _____              Signature of Person Mailing Correspondence              _____              Typed or Printed Name of Person Mailing Correspondence              _____           </div>			
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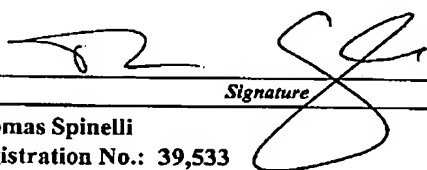
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TOTAL CLAIMS	17	20	0	x \$50.00	\$0.00									
INDEP. CLAIMS	2	3	0	x \$200.00	\$0.00									
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00									
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>									
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b> <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.														
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 Signature <b>Thomas Spinelli</b> Registration No.: <b>39,533</b>			Dated: <b>November 30, 2006</b>											
CC:			<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">           I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____         </td> </tr> <tr> <td colspan="2" style="text-align: center;">(Date)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Signature of Person Mailing Correspondence</td> </tr> <tr> <td colspan="2" style="text-align: center;">Typed or Printed Name of Person Mailing Correspondence</td> </tr> </table>				I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____		(Date)		Signature of Person Mailing Correspondence		Typed or Printed Name of Person Mailing Correspondence	
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicant:</b>	Hiroki Moriyama	<b>Examiner:</b>	Matthew John Kasztejna
<b>Serial No:</b>	10/690,404	<b>Art Unit:</b>	3739
<b>Filed:</b>	October 21, 2003	<b>Docket:</b>	17136
<b>For:</b>	ENDOSCOPE	<b>Dated:</b>	November 30, 2006
<b>Conf. No.:</b>	5953		

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE**

Sir:

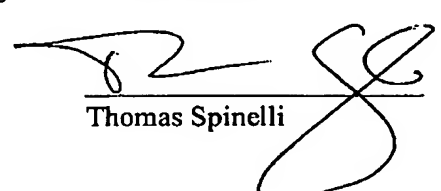
In response to the Official Action dated August 30, 2006, Applicant respectfully requests reconsideration of the above-identified application in light of the following amendments and remarks:

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**CERTIFICATE OF FACSIMILE TRANSMISSION**

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Dated: November 30, 2006

  
Thomas Spinelli

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